



APPLICATION FOR WORK-STUDY ALLOWANCE

(38 U.S.C. Chapters 30, 31, 32 and 35; 10 U.S.C. Chapter 1606)

1. NAME OF APPLICANT

1A. First		1B. M.I.		1C. Last

2. MAILING ADDRESS

--

Number and Street or Rural Route

--

Apartment or Box Number

--

City or Post Office

--

State

--

Zip Code or Foreign Mail Code

4. SEX

☐ MALE☐ FEMALE

3A. SOCIAL SECURITY NUMBER

--

OR

3B. VA FILE NUMBER

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5. NAME AND ADDRESS OF YOUR SCHOOL

6. TELEPHONE NUMBER AND HOURS OF THE DAY VA CAN REACH YOU (Include area code)
HOURS AM PM

7. CURRENT EDUCATIONAL OR TRAINING PROGRAM

8. CURRENT ENROLLMENT PERIOD

9. NEXT ENROLLMENT PERIOD YOU PLAN TO ATTEND

A. BEGINNING DATE (Month, Day, Year)

B. ENDING DATE (Month, Day, Year)

A. BEGINNING DATE (Month, Day, Year)

B. ENDING DATE (Month, Day, Year)

10. WORK SITE PREFERENCE (Please tell us the school, VA facility, or other Government facility where you would prefer to do VA-related work.)

11. DAYS AND HOURS DURING THE WEEK YOU WOULD BE AVAILABLE

(X)	DAYS	HOURS
	MONDAY	
	TUESDAY	
	WEDNESDAY	
	THURSDAY	
	FRIDAY	

12. HAVE YOU EVER RECEIVED VA WORK-STUDY ALLOWANCE BEFORE?

☐ YES ☐ NO (If "YES", please tell us where you worked.)

13. WORK EXPERIENCE (Tell us about the jobs you have had before, other than VA work study jobs.)

14. QUALIFICATIONS (Tell us about any special qualifications you have based on your education and work experience. We are interested in experience that would help you work for VA, such as experience in Automated Data Processing programs. Also, tell us what types of jobs interest you.)

15. SIGNATURE OF APPLICANT (Do not print)

16. DATE SIGNED

PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application form has been received (38 U.S.C. 2149). The information requested on this form is necessary to determine your eligibility to the benefit for which you are applying. The responses which are submitted may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 58VA21/22 Compensation, Pension, Education and Rehabilitation Records-VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.